

# TVSEF Qualified Scientist Form (TVSEF-2)

Required for research involving pathogens and vertebrate animals at a regulated research institution.  
May be required for rDNA, vertebrate animals at a non-regulated research institute, controlled substances, and humans. Must be signed prior to the start of student experimentation.

Student's Name \_\_\_\_\_

Title of Project \_\_\_\_\_

## To be completed by the Qualified Scientist:

Scientist's Name \_\_\_\_\_

Earned Advanced Degree \_\_\_\_\_

Degree Specialty \_\_\_\_\_

Position \_\_\_\_\_

Institution \_\_\_\_\_

Full Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| 1) Will vertebrate animals be used? .....                                    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| a) If yes, were alternatives explored? .....                                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b) Could this project cause pain or distress to the vertebrate animal(s)? .. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If **yes** to any of the above (a or b) please explain and justify: \_\_\_\_\_

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| 2) Will human subjects be used? .....                                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3) Will controlled substances be used? .....                               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (includes DEA classed substances, prescription drugs, alcohol and tobacco) |                          |     |                          |    |
| If <b>yes</b> , a) Will they be used according to existing .....           | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| local, state, and federal regulations?                                     |                          |     |                          |    |
| b) Please list the name(s) of the controlled substance(s): _____           |                          |     |                          |    |

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| 4) Will recombinant DNA be used? .....                                    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5) Will pathogenic or potentially pathogenic agents be used? .....        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If <b>yes</b> , list pathogens _____                                      |                          |     |                          |    |
| If <b>yes</b> , will accepted procedures be used? .....                   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6) Will tissue, human blood, blood products or body fluids be used? ..... | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7) Will hazardous substances or devices be used? .....                    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, list or describe _____  |                          |     |                          |    |

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| 8) Will you directly supervise the student(s)? .....                                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If <b>yes</b> , please explain what safety precautions will be taken in this study. _____ |                          |     |                          |    |

I certify that I have reviewed and approved the **Research Plan** prior to the start of the experimentation. If the student or Designated Supervisor is not trained in the necessary procedures, I will ensure his/her training. I will provide advice and supervision during the research. I have a working knowledge of the techniques to be used by the student in the **Research Plan**. If an addictive substance is used in this research, I certify that I possess a DEA license required for procuring and dispensing an addictive substance. I understand that a Designated Supervisor is required when the student is not conducting research in my laboratory.

Qualified Scientist's Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date of Approval \_\_\_\_\_